SERFF Tracking Number:	SMNY-126944806	State:	Arkansas
Filing Company:	Security Mutual Life Insurance Company of New York	State Tracking Number:	47554
Company Tracking Number:	2093-G SOV		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	/		

Filing at a Glance

Company: Security Mutual Life Insurance Company of New York

Product Name: Whole Life Insurance	SERFF Tr Num: SMNY-126944806	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Filed-Closed	State Tr Num: 47554
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: 2093-G SOV	State Status: Filed-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Alana Mautone, Jacqueline Ayres, Lynn Smith, Janet Esposito, Derick Deisinger, Michael Kennedy	Disposition Date: 01/05/2011
	Date Submitted: 12/20/2010	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/05/2011
	State Status Changed: 01/05/2011
Deemer Date:	Created By: Jacqueline Ayres
Submitted By: Jacqueline Ayres	Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review and approval is an upated Statement of Variability (SOV) for form 2093-G. The original SOV for this form was approved on 5/14/08 under SERFF Tracking Number SMNY-125626005, State Filing Number 38961. We have updated the SOV by providing more detail and combining it with the SOV for rider form IO-9282, in order to be consistent with what we file in New York, our domiciliary state.

SERFF Tracking Number:	SMNY-126944806	State:	Arkansas
Filing Company:	Security Mutual Life Insurance Company of New York	State Tracking Number:	47554
Company Tracking Number:	2093-G SOV		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	/		

No changes have been made to the policy form.

If any additional information is required to complete your review, please advise.

Company and Contact

Filing Contact Information

Alana Mautone, Manager-Product Compliance amautone@smlny.com

100 Court St. 607-723-3551 [Phone] 7297 [Ext]

P. O. Box 1625 607-338-7562 [FAX]

Binghamton, NY 13902

Filing Company Information

Security Mutual Life Insurance Company of CoCode: 68772 State of Domicile: New York
New York

100 Court Street Group Code: Company Type: Life Insurance

P. O. Box 1625 Group Name: State ID Number:

Binghamton, NY 13902-1625 FEIN Number: 15-0442730

(607) 723-3551 ext. 7297[Phone]

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	1 filing @ $50 = $50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Mutual Life Insurance Company of New York	$50.00	12/20/2010	43095432

SERFF Tracking Number:	SMNY-126944806	State:	Arkansas
Filing Company:	Security Mutual Life Insurance Company of New York	State Tracking Number:	47554
Company Tracking Number:	2093-G SOV		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	01/05/2011	01/05/2011

SERFF Tracking Number:	*SMNY-126944806*	*State:*	*Arkansas*
Filing Company:	*Security Mutual Life Insurance Company of New York*	*State Tracking Number:*	*47554*
Company Tracking Number:	*2093-G SOV*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 01/05/2011
Implementation Date:
Status: Filed-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*SMNY-126944806*	*State:*		*Arkansas*
Filing Company:	*Security Mutual Life Insurance Company of New York*	*State Tracking Number:*		*47554*
Company Tracking Number:	*2093-G SOV*			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*		*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*			
Project Name/Number:	*/*			

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes

SERFF Tracking Number:	SMNY-126944806	State:	Arkansas
Filing Company:	Security Mutual Life Insurance Company of New York	State Tracking Number:	47554
Company Tracking Number:	2093-G SOV		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	**Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

2093-G SOV AR 12-20-10.pdf

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
STATEMENT OF VARIABILITY
FORM 2093-G
December 20, 2010
State of Arkansas

VARIABLE MATERIAL IN THE POLICY WILL BE DENOTED WITH BRACKETS

POLICY PAGE	ITEM	DESCRIPTION
Policy Jacket Front and Back	Home Office Address and Telephone Number	This is bracketed as variable information, so that we can change this information without filing, if these items change in the future.
Policy Jacket Front	Officer Signatures and Titles	This is bracketed as variable information, so that we can change this information without filing, if these items change in the future.
Policy Jacket Front	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Policy Jacket Front	INITIAL FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing.
Policy Jacket Front	PREMIUM	The PREMIUM is bracketed as hypothetical illustrative information. The Premium mode is selected by the Owner and may be ANNUAL, SEMI-ANNUAL, QUARTERLY, or SPECIAL MONTHLY. Premiums vary by Premium Class and Issue Age.
Policy Jacket Front	OWNER	The OWNER is bracketed only as hypothetical information for the purpose of this filing.
Policy Jacket Front	STATE INSURANCE DEPARTMENT TELEPHONE NUMBER	The telephone number will be the number for the State Insurance Department.
Policy Jacket Front	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Policy Jacket Front	AGE	For the purpose of this filing, the AGE is bracketed as hypothetical information. Issue ages are 0-70.
Policy Jacket Front	POLICY DATE	For the purpose of this filing, the POLICY DATE is bracketed as hypothetical information.
Policy Jacket Front	ISSUE DATE	For the purpose of this filing, the ISSUE DATE is bracketed as hypothetical information as the actual date the Policy is produced.
Policy Jacket Front	MATURITY DATE	For the purpose of this filing, the MATURITY DATE is bracketed as hypothetical information. The MATURITY DATE will be the policy anniversary that the Insured attains Insurance Age 121.
Policy Jacket Front	PREMIUM CLASS	Premium Classes are: [COMPOSITE], [SMOKER], or [NON-SMOKER]. The COMPOSITE class will be used for issues ages 0-17. The SMOKER and NON-SMOKER classes will be used for issue ages 18+.
Page 3(A)	FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing.

Page 3(A)	PREMIUM	For the purpose of this filing, the PREMIUM is bracketed as hypothetical information.
Page 3(A)	YEARS PAYABLE	YEARS PAYABLE will be the number of years until the Insured's age 121.
Page 3(A)	DISABILITY WAIVER-BASE	If the Waiver of Premium Benefit in Event of Total Disability Rider is selected by the Owner, the following language will appear: DISABILITY WAIVER-BASE [PREMIUM] [YEARS PAYABLE] The premiums are based on age and Premium Class. The number of years payable will be until the policy anniversary nearest the Insured's age 60.
Page 3(A)	ACCIDENTAL DEATH BENEFIT RIDER	If the Accidental Death Benefit Rider is selected by the Owner, the following language will appear: ACCIDENTAL DEATH BENEFIT: [AMOUNT] [PREMIUM] [YEARS PAYABLE] The premiums are based on age. The number of years payable will be until the policy anniversary nearest the insured's age 70.
Page 3(A)	CHILDREN'S INSURANCE BENEFIT	If the Children's Insurance Benefit is selected by the owner, the following language will appear: DEPENDENTS INSURANCE BENEFIT EXPIRATION DATE: [DATE] EACH CHILD – $[AMOUNT]] [PREMIUM] [YEARS PAYABLE] Premiums for this rider will be payable until the insured's age 65.
Page 3(A)	DISABILITY WAIVER-CHILD	If both the Children's Insurance Benefit and the Waiver of Premium Benefit in Event of Total Disability Rider are selected by the Owner, then Waiver of Premium in Event of Total Disability Rider will also be issued and attached to the Children's Insurance Benefit. The following language will appear: DISABILITY WAIVER-CHILD [PREMIUM] [YEARS PAYABLE] The premium will be payable until the Insured's age 60.
Page 3(A)	TOTAL ANNUAL PREMIUM	For the purpose of this filing, the TOTAL ANNUAL PREMIUM is bracketed as hypothetical information.
Page 3(A)	MINIMUM LOAN	The minimum loan that may be made may range from $25 to $100.
Page 3(A)	CONDITIONAL INSURANCE RIDER	If the Conditional Insurance Rider is selected by the Owner, the following language will appear two times, for the first and second policy anniversaries: CONDITIONAL INSURANCE RIDER EFFECTIVE [DATE] [SEE SUPPLEMENTAL PAGE 3(C)]
Page 3(A)	CONDITIONAL INSURANCE RIDER-DISABILITY WAIVER	If both the Conditional Insurance Rider and the Waiver of Premium Benefit in Event of Total Disability Rider are selected by the Owner, then Waiver of Premium in Event of Total Disability Rider will also be issued and attached to the Conditional Insurance Rider. The following language will appear two times, for the first and second policy anniversaries: DISABILITY WAIVER-RIDER EFFECTIVE [DATE] [SEE SUPPLEMENTAL PAGE 3(C)]
Page 3(A)	FREQUENCY OF PREMIUM PAYMENT	For the purpose of this filing, the PREMIUMS DUE BEGINNING ON date and the premiums listed under FREQUENCY OF PREMIUM PAYMENT are bracketed as hypothetical information. The PREMIUMS DUE BEGINNING ON date will be the Policy Date. [*] and [*SPECIAL MONTHLY PREMIUM WHILE LIST BILLED, OTHERWISE QUARTERLY] will appear if the Premium mode is Special Monthly.

Page 3(A)	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Page 3(A)	INITIAL FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing.
Page 3(A)	PREMIUM	The PREMIUM is bracketed as hypothetical illustrative information. The Premium mode is selected by the Owner and may be ANNUAL, SEMI-ANNUAL, QUARTERLY, or SPECIAL MONTHLY. Premiums vary by Premium Class and Issue Age.
Page 3(A)	OWNER	The OWNER is bracketed only as hypothetical information for the purpose of this filing.
Page 3(A)	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Page 3(A)	AGE	For the purpose of this filing, the AGE is bracketed as hypothetical information. Issue ages are 0-70.
Page 3(A)	POLICY DATE	For the purpose of this filing, the POLICY DATE is bracketed as hypothetical information.
Page 3(A)	ISSUE DATE	For the purpose of this filing, the ISSUE DATE is bracketed as hypothetical information as the actual date the Policy is produced.
Page 3(A)	MATURITY DATE	For the purpose of this filing, the MATURITY DATE is bracketed as hypothetical information. The MATURITY DATE will be the policy anniversary that the Insured attains Insurance Age 121.
Page 3(A)	PREMIUM CLASS	Premium Classes are: [COMPOSITE], [SMOKER], or [NON-SMOKER]. The COMPOSITE class will be used for issues ages 0-17. The SMOKER and NON-SMOKER classes will be used for issue ages 18+.
Page 3(A1)	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Page 3(A1)	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Page 3(B)	PAGE TITLE	In the event of a reduction in face amount or a change in premium class, AMENDED EFFECTIVE [DATE] will appear under the page title TABLE OF GUARANTEED VALUES.
Page 3(B)	PREMIUM CLASSES	The premium classes allowed are as follows: NONSMOKER, SMOKER, or COMPOSITE. For the purpose of this filing, the values in the table are bracketed as hypothetical information.
Page 3(B)	TABLE OF GUARANTEED VALUES	In the event of a reduction in face amount or a change in premium class, asterisks will replace numbers in all columns for the number of years that are not applicable due to the effective date of the change.
Page 3(B)	FOOTNOTE	In the event of a reduction in face amount or a change in premium class, the following additional footnote will appear: *NEW GUARANTEED VALUES TAKE EFFECT FROM THE DATE OF THIS AMENDMENT.
Page 3(B)	AGE	For the purpose of this filing, AGE is bracketed as hypothetical

		information.
Page 3(B)	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Page 3(B)	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Page 3(C)	CONDITIONAL INSURANCE RIDER, SUPPLEMENTAL SCHEDULE OF BENEFITS	If the Conditional Insurance Rider is selected by the applicant, PAGE 3(C) will be issued. The following language will print twice, for the first and second policy anniversaries: Additional Insurance Conditionally Effective [DATE]: FACE AMOUNT [AMOUNT]; [PREMIUM] [YEARS PAYABLE] TOTAL ANNUAL PREMIUM INCLUDING ADDITIONAL INSURANCE: [PREMIUM] Premiums for the Conditional Insurance Rider are payable until the policy anniversary nearest the insured's age 121 and are based on age and Premium Class.
Page 3(C)	CONDITIONAL INSURANCE RIDER- DISABILITY WAIVER, SUPPLEMENTAL SCHEDULE OF BENEFITS	If both the Conditional Insurance Rider and the Waiver of Premium Benefit in Event of Total Disability Rider are selected by the Owner, then Waiver of Premium in Event of Total Disability Rider will also be issued and attached to the Conditional Insurance Rider. The following language will appear two times, for the first and second policy anniversaries: DISABILITY WAIVER [PREMIUM] [YEARS PAYABLE] The rider is payable until the Insured's age 60.
2093-G (YR1), Page 3(B)	CONDITIONAL INSURANCE RIDER, TABLES OF GUARANTEED VALUES	If the Conditional Insurance Rider is selected by the applicant, page 2093(YR1), PAGE 3(B) will be issued instead of page 2093 PAGE 3(B). This page will be the same as 2093 PAGE 3(B) with the following exceptions: The title of the page will read TABLE OF GUARANTEED VALUES EFFECTIVE [EFFECTIVE DATE]. The first sentence of the paragraph will read: THE VALUES IN THIS TABLE HAVE BEEN COMPUTED ON THE BASIS THAT THE PREMIUM SHOWN ON THE THIRD PAGE HAS BEEN PAID, NO LOANS EXIST, NO DIVIDEND CREDITS EXIST ON THIS POLICY, AND NO ADDITIONAL INSURANCE HAS BECOME EFFECTIVE UNDER THE CONDITIONAL INSURANCE RIDER. The page number at the center bottom of the page will read PAGE 3(B) EFFECTIVE [EFFECTIVE DATE].
2093-G (YR 2), Page 3(B)	CONDITIONAL INSURANCE RIDER, TABLES OF GUARANTEED VALUES	If the Conditional Insurance Rider is selected by the applicant, page 2093-G (YR2), PAGE 3(B) will be issued. This page is similar to 2093-G PAGE 3(B) with the following exceptions: The title of the page will read TABLE OF GUARANTEED VALUES CONDITIONALLY EFFECTIVE [EFFECTIVE DATE]. The first sentence of the paragraph will read THE VALUES IN THIS TABLE HAVE BEEN COMPUTED ON THE BASIS THAT THE PREMIUM SHOWN ON THE THIRD PAGE HAS BEEN PAID, NO LOANS EXIST, NO DIVIDEND CREDITS EXIST ON THIS POLICY, AND THE ADDITIONAL INSURANCE SCHEDULED TO BECOME EFFECTIVE ON THE FIRST POLICY ANNIVERSARY UNDER THE CONDITIONAL INSURANCE RIDER HAS BECOME EFFECTIVE IN ACCORDANCE WITH THE TERMS OF THE RIDER. The page number at the center bottom of the page will read PAGE 3(B)

		CONDITIONALLY EFFECTIVE [EFFECTIVE DATE].
2093-G (YR 3), Page 3(B)	CONDITIONAL INSURANCE RIDER, TABLES OF GUARANTEED VALUES	If the Conditional Insurance Rider is selected by the applicant, page 2093-G (YR3), PAGE 3(B) will be issued. This is similar to 2093-G PAGE 3(B) with the following exceptions: The title of the page will read TABLE OF GUARANTEED VALUES CONDITIONALLY EFFECTIVE [EFFECTIVE DATE]. The first sentence of the paragraph will read THE VALUES IN THIS TABLE HAVE BEEN COMPUTED ON THE BASIS THAT THE PREMIUM SHOWN ON THE THIRD PAGE HAS BEEN PAID, NO LOANS EXIST, NO DIVIDEND CREDITS EXIST ON THIS POLICY, AND THE ADDITIONAL INSURANCE SCHEDULED TO BECOME EFFECTIVE ON THE FIRST AND SECOND POLICY ANNIVERSARIES UNDER THE CONDITIONAL INSURANCE RIDER HAS BECOME EFFECTIVE IN ACCORDANCE WITH THE TERMS OF THE RIDER. The page number at the center bottom of the page will read PAGE 3(B) CONDITIONALLY EFFECTIVE [EFFECTIVE DATE].